



# Diabetes and Mental Health

## Risk Factors for Developing Depression:

- The overall stress of diabetes management
- Fear of hypoglycemia or other complications
- An altered self-image due to the label of being "diabetic"
- An overly concerned or worried parent
- Bullying, or other social pressure to "fit in"

## Signs of Adjustment Difficulties:

- Loss of interest in previously enjoyed activities
- Withdrawal from social interactions
- Feeling tired most of the time
- Dramatic changes in sleep or appetite
- Lying about diabetes management
- Reports of bullying or teasing
- Questioning ability to "make it through"

## Diabetes and Mental Health:

Diabetes is the third most common chronic disease among adolescents. Type I diabetes alone affects 2 out of every 1,000 American youths (Lawrence et al., 2006), and about 13,000 youths are diagnosed each year. Even Type II diabetes, which was once called adult onset diabetes, accounts for 15-20% of the American population (Approximately 5 million children) due to the large childhood obesity epidemic. The need for those with diabetes to form good diabetic management can be frustrating and add a significant amount of stress to everyday life. Children with diabetes must deal with a complicated routine of daily insulin injection, along with monitoring blood glucose levels, dietary intake, and exercise. All of this must be conducted while the child still lives "a normal life". Adolescents have described feeling unable to be spontaneous in their lives and feeling "burned out" from daily diabetic care. This feeling can be heightened, especially in adolescents who are already experiencing difficulties in social, familial, or academic functioning.

Moreover, those with diabetes are up to 50% more likely to develop mental illness, including depression and anxiety, which stem from dysfunctional illness beliefs, low self-efficacy, and difficulties adjusting to living with the chronic illness (Das-Munshi et al., 2007). Additionally, poorly controlled blood sugar can cause behavioral changes, such as irritability, unusual behavior, confusion, headaches, lack of coordination, restless sleep, bad dreams or nightmares, blurry vision, trouble focusing, etc.

## Adolescents with Diabetes

Adolescents with diabetes are at greater risk for developing a psychological disorder. The emotional/behavioral challenges that are considered "normal" in adolescence can actually become exacerbated by the stress of diabetes, and may even undermine diabetes self-management. Research has shown that difficulty managing diabetes increases during the preadolescent and adolescent stages, influenced by hormonal and developmental factors (Holmes et al., 2006). Consequently, a decline in glycemic control is observed during this period, increasing the risk of short and long-term complications. In fact, 65% of hospitalizations for diabetic ketoacidosis (DKA) involve patients under 19 years old. Risk factors for DKA include poor metabolic control, eating disorders, depression, and other psychiatric disorders. Additionally, adolescents with diabetes have higher rates of depression than those without the disease; roughly 25% of adolescents with Type I diabetes have comorbid depression (Norris & Klingensmith, 2001). Since self-management of diabetes is crucial for maintaining a healthy lifestyle and subsequent long-term outcomes, it is recommended that healthcare professionals screen adolescents with diabetes for depression, anxiety, and other mental health difficulties and make appropriate referrals



## Family-Systems and Diabetes:

Empirical Research shows a steady decrease in adherence to diabetes management tasks during the early adolescent years. Conflict between parents and children often increases during the transition to adolescence (Holmbeck, 1996). Both diabetes-specific family conflict and general family conflict have been associated with poor adherence and poor glycemic control during early adolescent years. Level of parenting stress was found to be higher in families dealing with diabetes compared with families affected by chronic illness with fewer daily treatment demands, such as cystic fibrosis and cancer. Stress in parents of children with diabetes is multifaceted and related to different aspects of the child's functioning. For example, higher levels of parenting stress are associated with increased rates of internalizing problems and depressive symptoms in the child. Studies suggest that problems like parental anxiety or depression have a negative impact on both metabolic control and psychosocial adjustment of adolescents with diabetes. Thus, suggesting that parental stress is related to both physiological and psychological functioning.

Cameron et al. (2008) suggest that healthcare providers initiate discussion with adolescents and their parents to clarify who in the family is taking responsibility for the different tasks involved in managing diabetes. The American Diabetes Association (ADA) recommends that parents continue to be involved with shared management and that families find the degree of parental involvement that is comfortable for all without risking deterioration in glycemic control from over or under involvement. Communication within the family may be difficult, so it is important to seek the help and guidance of a counselor in order to promote interaction and support between family members.

## Treatment Options

For those children and adolescents struggling to cope with having diabetes, counseling may be appropriate. A chronic illness model of care that focuses on both medical and behavioral interventions is needed for patients to develop effective self-care skills. There are several psychological treatments, including cognitive behavioral therapy and motivational interviewing, that have been shown to help reduce the fear of hypoglycemia in adolescents, helping them to perceive their diabetes as easier to live with (Channon, Smith, Gregory, 2002) Psychological counselors can also assist in initiating other behaviors and practices that have been shown to help alleviate diabetes related stress, including positive thinking and promoting adaptive reactions to stress (Berg et al., 2011). In working with adolescents with diabetes, it is crucial to develop an integrative approach to treatment. Physicians and mental health professionals can work together to provide comprehensive healthcare to their young patients with diabetes.